



DR. Charlie Gill, DENTIST *Your Smile Maker!*

Financial Agreement and Appointment Policy

It is our policy to have a definite agreement between you the patient, and this office concerning the payment of fees for services rendered. Before treatment, you will be advised of the approximate cost. For convenience, we accept **cash, check, Visa or Mastercard and "Care Credit", if you need to extend payments.** All emergency dental service performed, without previous financial arrangements, is due at the time of service.

Patients not covered by dental insurance: Payment is expected at time of service. We are happy to complete necessary forms for your reimbursement claim as a courtesy to you.

Patients covered by dental insurance: If you do have dental insurance, we are happy to complete the necessary forms for your claim as a courtesy to you. We are only a third party providing the service to you. We require that you be responsible for your deductible and estimated co-payment at the time of service. After insurance has been filed and the benefits have not been received within 60 days from your insurance company, the entire remaining balance becomes patient's responsibility. A refund will be given when the benefits have been received from the insurance company. This office cannot render services on the assumption your charge will be paid by your insurance company.

Patients with two dental coverages: We will follow all the above stated courtesy for filing claims. , we will only assist in filing information to the secondary provider for your reimbursement. We do not accept their payment. You will make co-payment based on primary estimates.

Scheduled Appointment Policy: This practice is dedicated to quality care and exceptional service. We respect the importance of your time and work very hard to schedule appointments that accommodate the busy needs of all of our patients. In return, we ask that all our patients make every effort to keep their reserved scheduled dental appointments. As a courtesy we send reminder cards and call in advance to confirm upcoming appointments. Failed and cancelled appointments create scheduling problems for all patients as well as the practice. **If you find the need to change your appointment, we require a minimum of 24-hour notice, so we may accommodate the needs of another patient. If less than a 24-hour notice is given, a fee of \$45.00 will be charged for each hour of scheduled appointment time. This fee is due prior to the next scheduled appointment.**

Patient/Guardian Signature: _____

Print: _____

Date: _____